



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Board of Examiners in Optometry

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ORIGINAL APPLICATION FOR LICENSURE CHECKLIST

Use this checklist as a guide in determining the submission of required documentation.

APPLICATION SIGNED AND NOTARIZED _____
YES NO

CHECK FOR \$300.00 _____
YES NO

UNDER GRADUATE TRANSCRIPTS _____
YES NO

OPTOMETRY TRANSCRIPT _____
YES NO

RECENT PHOTOGRAPH _____
YES NO

LETTERS OF RECOMMENDATION (NEED 3 LETTERS) _____
YES NO

PHOTOCOPY OF OPTOMETRY DIPLOMA _____
YES NO

NBEO SCORES
PART I _____
PART II _____
PART III _____
TMOD _____

LICENSURE AFFIDAVITS FROM EVERY STATE WHERE YOU HAVE BEEN LICENSED _____
YES NO

MARYLAND LAW EXAM COMPLETED _____
YES NO

DPA / TPA APPLICATION SIGNED AND NOTARIZED _____
YES NO

CURRENT CPR CARD _____
YES NO